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FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F48422 (2)
1. Corporation Name
SECURITY PLASTICS, INC.



Principal Place of Business
14427 N.W. 60 AVE.
MIAMI LAKES FL 33014
US

Mailing Address
14427 N.W. 60 AVE.
MIAMI LAKES FL 33014
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0749148	Applied For Not Applicable
22	City & State	27	City & State	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent COHAN, NORMAN H. 14427 N.W. 60 AVE. MIAMI LAKES FL 33014		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of, Section 607.1505, Florida Statutes.

SIGNATURE *Norman H. Cohan Pres* DATE *4/20/98*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	DIRECTOR
NAME	COHAN, NORMAN H	1.2 NAME	EVELYN COHAN
STREET ADDRESS	14427 NW 60TH AVE	1.3 STREET ADDRESS	14427 NW 60th AV
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	CFO	2.1 TITLE	DIRECTOR
NAME	VAINSTEIN, ISRAEL	2.2 NAME	JANET COHAN
STREET ADDRESS	14427 NW 60TH AVE	2.3 STREET ADDRESS	14427 NW 60th AV
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	EV	3.1 TITLE	DIRECTOR
NAME	NELSON, RODRIGUEZ	3.2 NAME	RINA COHAN
STREET ADDRESS	14427 NW 60TH AVENUE	3.3 STREET ADDRESS	14427 NW 60th AV
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	EV	4.1 TITLE	DIRECTOR
NAME	ENIDIO, GOMEZ	4.2 NAME	ELLEN COHAN
STREET ADDRESS	14427 NW 60TH AVENUE	4.3 STREET ADDRESS	14427 NW 60th AV
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Norman H. Cohan Pres* DATE *4/20/98*

CR2E034 (10/97)